

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1								
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11	1							
12								
13	1	+						
14		1						
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49								
50								
TOTAL IND.	3		↓		↓		↓	
TOTAL DEP.	1	1	←	←	←	←	←	←
TOTAL CLAIMS	14							
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS								